

DASS-21 Documentation Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · August 2026 · Reproduces no scale items or forms

The DASS-21 is a public-domain, past-week self-report measure with three seven-item subscales (Depression, Anxiety, Stress), each rated 0 to 3, summed (raw 0 to 21) and multiplied by two (0 to 42) before the conventional severity ranges apply. It measures symptom severity, never diagnoses, has no suicide item, and is mandated by no payer. Defensible charting names the version, language, and timeframe; reports three doubled scores with labels; states change per subscale; and records the separate risk assessment.

Version, language, and timeframe adult DASS-21 / DASS-42 / DASS-Y

Do: name the version, language and translation, past-week timeframe, mode (self / assisted; paper / restricted electronic), completeness, and any prorating rule.

Pitfall: "DASS-21" with no language or version; DASS-Y trended against adult scores; a changed timeframe.

Three subscales, doubled raw $x/21 \rightarrow x2 = x/42$

Do: sum each subscale, multiply each by two, chart both metrics; a full adult DASS-21 doubles to even numbers (odd or decimal = explain).

Pitfall: raw sums read against the doubled ranges, or a doubled score with no metric stated.

Severity labels kept descriptive population ranges, not disorders

Do: label each doubled subscale (Depression 0-9 / 10-13 / 14-20 / 21-27 / 28+; Anxiety 0-7 / 8-9 / 10-14 / 15-19 / 20+; Stress 0-14 / 15-18 / 19-25 / 26-33 / 34+) and interpret with the interview.

Pitfall: "DASS confirms severe anxiety disorder," "mild" read as a mild disorder, extremely severe Stress as an emergency.

No unexplained total three scores, or a named composite

Do: report the three subscales separately; a composite only with its method (standardized z scores averaged) and norm set named.

Pitfall: "DASS score 48, severe," a number no reader can decode.

The Stress scale and discordance tension, irritability, difficulty relaxing

Do: read Stress as over-arousal for the week, not life stressors; keep discordant profiles intact and examine triggers, sleep, pain, substances, function.

Pitfall: three scores averaged into one impression; Stress reported as burnout.

Change per subscale, in context same version, metric, conditions

Do: prior date and scores, change for each subscale, descriptive language unless a named reliable-change method is in use; note acute events in the measurement week.

Pitfall: "DASS improved from 66 to 52"; "reliably improved" with no method; a one-week spike read as failure.

Risk assessed separately no suicide item, by design

Do: state that the DASS-21 has no suicide item; record the direct risk assessment, findings, and plan in the risk section.

Pitfall: "Depression 6, normal, no risk concerns" with no direct inquiry.

Before the note is signed

- ☐ Version, language, timeframe, mode, and completeness named
- ☐ Each subscale doubled, both metrics charted
- ☐ Labels attached per subscale and kept descriptive
- ☐ No unexplained total; composite named if used
- ☐ Discordant profile preserved and interpreted
- ☐ Change stated per subscale against a dated baseline
- ☐ Risk assessed directly and documented separately

Drafting with AI

Give it the facts: version and language, timeframe, mode, raw subscale sums, prior scores and dates, context, risk assessment findings, and the report destination.

"Draft DASS-21 documentation: adult English, self-completed, past week, complete; raw D 8, A 4, S 14; baseline 07/01 D 24, A 18, S 30 doubled; risk assessed separately, denies ideation; end-of-course report to GP."

Never paste patient-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.

3 subscales

raw 0 to 21 each, $x2 = 0$ to 42

Labels = ranges

percentile cut points, not diagnoses

No suicide item

assess and chart risk separately

Public domain

copy freely; no public web scorer

DASS-21 Documentation Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements. Contains no scale items.

Setting: _____ Patient (initials): _____ Date: _____ Clinician: _____

Version + language + timeframe: _____ Time point (intake / review / report / discharge): _____

Mode and completeness

Self-completed / interviewer-assisted · paper / restricted electronic · all items answered or missing items and prorating rule

Scores

Depression raw ____/21, x2 = ____/42 · Anxiety raw ____/21, x2 = ____/42 · Stress raw ____/21, x2 = ____/42 · label per subscale (DASS-Y: own metric, not doubled)

Interpretation

Labels are population ranges, not diagnoses · no total · profile and discordance · context: acute events, sleep, pain, substances, function · congruence with interview

Change from prior

Prior date and scores · change per subscale on the same version and metric · descriptive unless a named reliable-change method is in use

Risk (assessed separately)

DASS-21 has no suicide item · direct inquiry · findings · formulation and plan documented at

Plan and report

Treatment focus · next administration and purpose · report to referrer (Better Access: all three scores, change, function, risk, recommendation)

Billing and record

Item or code claimed (bare number) · outcome-measure record entry with version, language, timeframe, both metrics

Clinician (name and credentials): _____ Signature: _____ Date: _____